PRINTED: 10/12/2012 FORM APPROVED

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01		(X3) DATE SURVEY COMPLETED	
000402		000402		B. WING		10/05/2012	
NAME OF PROVIDER OR SUPPLIER			STREET ADDR	RESS, CITY, STA	TE, ZIP CODE		
HICKORY CREEK AT KENDALLVILLE			1433 S MAIN ST KENDALLVILLE, IN 46755				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FU REGULATORY OR LSC IDENTIFYING INFORMATION			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
K 000	00 INITIAL COMMENTS			K 000			
	A Quality Assurance Walk-thru Survey was conducted by the Indiana State Department of Health.						
	Survey Date: 10/05/12						
	Facility Number: 000402 Provider Number: 155392 AIM Number: 100288120						
	Surveyor: Robert Sutton, Life Safety Code Specialist Trainee						
	At this Quality Assurance Walk-thru survey, Hickory Creek at Kendallville was found in compliance with 410 IAC 16.2-3.1-19(ff).						
	This one story facility was determined to be of Type II (222) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and areas open to the corridors with battery operated smoke detectors in the resident rooms. The facility has a capacity of 36 and had a census of 22 at the time of this visit. The facility was found in compliance with state law in regard to sprinkler coverage and smoke detector coverage.						
	were sprinklered and	ents have customary ac all areas providing facil ered, except one detacl ity storage.	lity				
		bert Booher, Life Safet cal Surveyor on 10/11/	•				

Indiana State Department of Health

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE